AMERICAN UNIVERSITY OF BEIRUT

SAUDI ARABIA'S NURSING FACULTY: A MENTORSHIP PROGRAM FOR FRESH GRADUATE CLINICAL INSTRUCTORS

by
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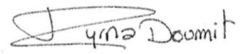

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ABSTRACT

OF THE PROJECT OF

Suzy Said El Najjar for Master of Science in Nursing
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Title: Saudi Arabia's Nursing Faculty: A Mentorship Program for Fresh Graduate Clinical Instructors

There is a global shortage of nurses and nursing faculty, which impacts healthcare quality. Saudi Arabia faces similar challenges, with a high need for qualified nurses and clinical instructors. Clinical instructors are freshly graduated nurses who take on teaching roles to train nursing students in healthcare settings. They play a very important role in the education of nurses. However, novice clinical instructors usually face big challenges handling their multifaceted responsibilities. These novice instructors face heavy workloads and insufficient preparation, causing high turnover. This paper proposes designing, planning and evaluating a 6-months mentorship program for newly hired clinical instructors at Mohammad Al Mana College for Medical Sciences (MACHS) in Saudi Arabia. The program aims to facilitate the role transition and address common challenges faced by novice instructors through mentorship guidance, whereby a more experienced mentor provides guidance, support, and advice to a less experienced mentee to promote their professional and personal growth. A situational assessment revealed that instructors need more help with onboarding, and the literature study showed that official guidance models can be helpful. Program components include mentor recruitment, interactive workshop, co-teaching opportunities and professional development activities. Benner's novice-to-expert model is followed which aligns mentorship contents with instructor's development. The evaluation will assess instructors' retention, satisfaction, teaching proficiency, and mentorship relationship quality. This program can serve as a model for supporting all clinical instructors in Saudi Arabia. With proper implementation, the mentorship program will elevate the clinical instructors' competence, satisfaction, and retention while enriching the quality of nursing education, which is essential for training the next generation of nurses and meeting healthcare system needs.

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CHAPTER 1

INTRODUCTION

The era of rapid change in healthcare systems and practice environments necessitate changes in nursing education including pre- and post-licensure to provide quality care responsive to the needs of individuals and communities, (Altman et al., 2016). Moreover, in light of today's healthcare complexities, it is imperative for nursing education programs to have faculty members well prepared to help their students understand and work responsibly and effectively within these contexts. Consequently, nurse educators have an essential and important responsibility in preparing and mentoring the future generations of nurses, serving as role models, and providing the leadership needed to implement evidence-based practice whether in classroom or practice settings (Bettencourt, n.d.).

Nursing instructors who teach in clinical settings have no or limited preparation for clinical teaching, face complex situations that they have had limited preparation for, and require special competence namely, evidence-based educational and evaluative strategies (Suplee et al., 2014). In addition, clinical setting presents unique complexities that instructors may not be prepared for, such as managing group of students in different wards, and coordinating student learning experiences with staff nurses (Crider, 2022). Therefore, with the increased competency in clinical education strategies, instructors can be better prepared in managing the complexities of the clinical environment and promote student learning and clinical reasoning (Crider, 2022).

Moreover, the National Advisory Council on Nurse Education and Practice (2021) strongly recommended "Developing, supporting, and disseminating best practices in the academic preparation and continuing education needs of qualified nurse educators, nurse faculty, and clinical preceptors" (National Advisory Council on Nurse Education and Practice, 2021). This need is global, and Saudi is no exception. The state of World's Nursing (2020), emphasizes the importance of pre-service education through direct entry pathways with defined pre-requisites. Moreover, with the increased need of health systems, significant investment in education is highly recommended to match the current and anticipated needs of national and international health systems (World Health Organization, 2020).

A. Overview of Nursing Education globally, regionally and in Saudi Arabia

Nursing education has passed through many transitions globally, regionally and in Saudi Arabia throughout the past decades (Wakefield et al., 2021). Nursing education started initially in the United Kingdom with diploma programs or hospital-based programs and progressed to a Bachelor's degree or higher (WHO, 2013). In the Middle East, particularly, nursing education was very minimal and started 1800s in Egypt, Lebanon and Syria (Emhj, n.d.). Maily after the World War II, government-funded colleges started to open more in middle east and gulf region (Emhj, n.d.). Saudi Arabia followed the same trend, by starting to offer diploma programs in 1958, and rapidly expanding to cancel all diploma programs and shift to a minimum degree of bachelor's or graduate programs for all Saudi nurses (Aljohani, 2020). However, the need for more Baccalaureate-prepared nurses is still very high in Saudi Arabia, more nursing faculty are needed, and a formal mentorship

program for preparing new graduate nurses for the role of clinical instructors is crucial (Aljohani, 2020).

B. Background

The rise in the need for nurses, was exacerbated with recognized faculty insufficiency, preventing the expansion of the nursing school admissions (Rosseter, R. 2017). Qualified clinical instructors play an important role in the education of nursing students. However, most of the time they are expected to start teaching without previous orientation, pedagogical expertise, or previous experience (Knowles, 2020). These individuals, are entrusted with the significant task of nurturing and guiding the next generation of nurses. Subsequently, and due to this early exposure to such responsibility, new clinical instructors may face major challenges, as they are not yet familiar with the academic culture, the educational program and policies and procedures (Knowles, 2020).

The literature highlights several key factors contributing to the excessive workloads often faced by new nursing faculty (Brown & Sorrell, 2017; Bagley et al., 2018). Novice instructors must strive to balance their academic obligations with their personal lives, which proves challenging (Brown & Sorrell, 2017; Bagley et al., 2018). Additionally, they often have limited recent clinical experience, inadequate teaching proficiency, and insufficient training in instructional strategies, which hampers their confidence and competence as educators (Alghamdi et al., 2019; Bagley et al., 2018). Unfavorable work environments lacking mentorship and support further aggravate new faculty's heavy workloads and stress levels (Alghamdi et al., 2019). To describe the complexity of the clinical instructor's role, the National League for Nursing (*Novice Nurse Educator*

Competencies with Task Statements, n.d.-b) has defined eight core competencies for clinical instructors transitioning into faculty positions within nursing schools. They spoke about, the ability to facilitate learning, promote the growth and integration of learners into the profession, employ effective assessment and evaluation methods, contribute to the development and assessment of the curriculum outcome, act as a catalyst for change and demonstrate leadership qualities, strive for ongoing improvement in the nurse educator role, engage in scholar activities, and function within the educational activities Nursing (*Novice Nurse Educator Competencies With Task Statements*, n.d.-b). All the aforementioned roles may be very challenging for new clinical instructors as they were not trained or taught to fulfill all the previously mentioned roles. The various role requirements of clinical instructors contribute to high workload, poor job satisfaction, and high turnover (Dalby et al., 2020).

Clinical instructors, now designated as teaching assistants in Saudi Arabia, are recently graduate nurses holding a bachelor's degree in nursing who have been appointed as faculty members in the school of nursing. The role of clinical instructors in developing the next generation of nurses is very crucial, given their pivotal position as educators and mentors within the healthcare system (Knowles, 2020). These dedicated professionals play an instrumental role in shaping the skills, knowledge, and ethical foundations of aspiring nurses, providing them with invaluable hands-on experience and guidance (Dahlke et al., 2012).

However, fresh graduate nurses face immense, often hidden, challenges when recruited as clinical instructors in schools of nursing. These novice educators must immediately shoulder a multitude of responsibilities critical to the development of the next

generation of nurses. As clinical instructors, they are charged with direct oversight and education of students in complex healthcare environments requiring competency in lesson planning, classroom management, evaluation of student performance, and ensuring patient safety along with positive learning outcomes (Gcawu & Van Rooyen, 2022).

There is no exception to this rule at Mohammad Al Mana College for Medical Sciences (MACHS). The exponential growth in the number of nursing students at the university in recent years, underscored the urgent need for clinical instructors. This persistent challenge has led nursing schools to continually need to fill instructor vacancies by recruiting fresh graduate nurses. Though praiseworthy, relying on a cycle of novice instructors risks instability as those graduating from the universities are directly transitioning into instructors themselves. The multifaceted demands placed on faculty, paired with heavy workloads and compensation gaps compared to clinical nursing roles, are ultimately creating a heavy burden on clinical instructors.

C. Educational growth at MACHS

Against the backdrop of the multifaceted challenges faced by clinical instructors, it is essential to understand the context in which their responsibilities unfold. Mohammad Al Mana College for Medical Sciences (MACHS), as of 2023, stands as a prominent and growing health sciences institution. MACHS has five accredited bachelor's degrees covering specific areas of study namely nursing, pharmacy, clinical laboratories, respiratory therapy and physical therapy. In Particular, the nursing program has experienced a remarkable transformation since its inception in 2007. At the outset, the program welcomed a modest group of 20 students. However, through dedication and strategic development, the

nursing program grew into a robust academic endeavor. As of 2023, the program has an approximate 750 nursing students distributed over the 5-year nursing program. Figure 1 shows the number of nursing graduates at MACHS between 2009 until 2015, and those numbers kept on increasing until our day. Table 1 shows the total number of nursing students in academic year 2023-2024, and figure 2 shows the number of nursing students admitted per year, from 2012 through 2023. This increase reflects the growth that MACHS is facing.

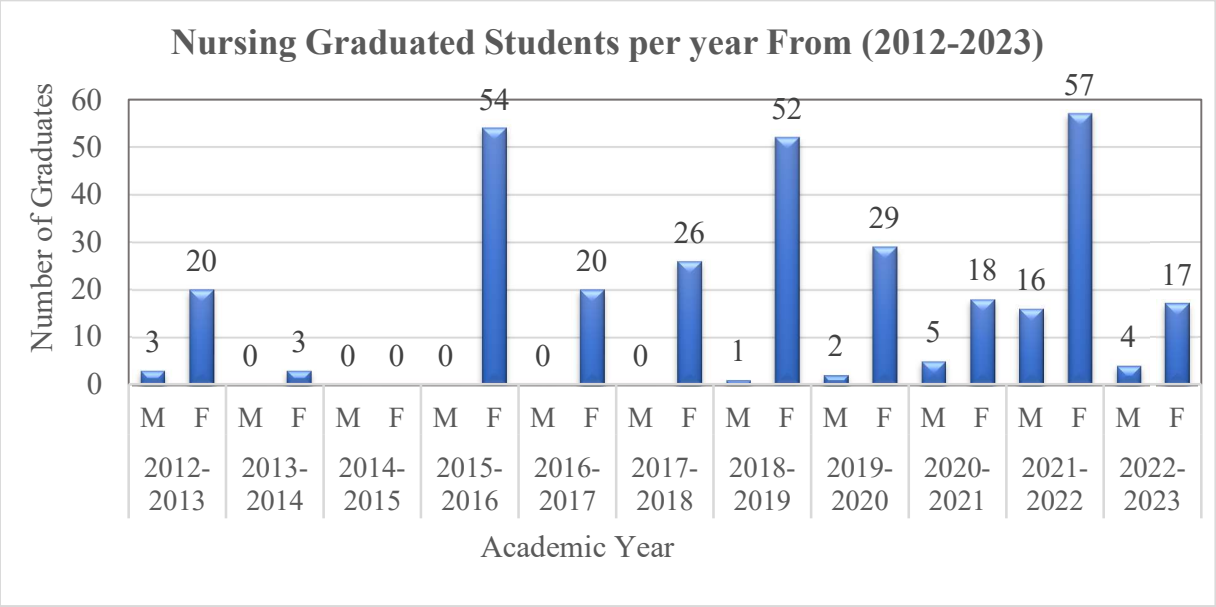


Figure 1. Number of nursing graduates at Mohammed al Mana College for Health Sciences.

Information needed	Total number of nursing students 2023-2024		
	Bachelors	Bridging	Total
Total registered students in the program with FYD	747	38	785
Total registered students in the program without FYD	572	38	610

Table 1. Total number of nursing students 2023-2024.

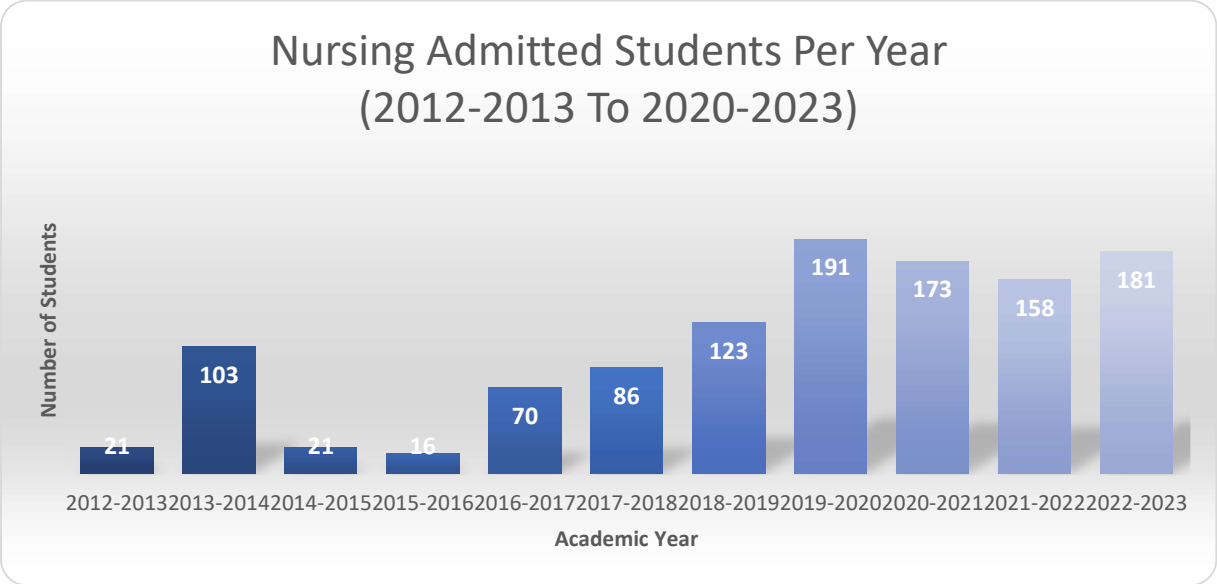


Figure 2. Number of nursing students admitted per year.

There are thirty-nine faculty members, nine are PHD holders, thirteen faculty members have a master's degree, and seventeen faculty members hold bachelor's degree working as clinical instructors. The PHD holders only give lectures, Master's degree holders give lectures and go to clinical settings, whereas bachelor's degree holders cover the clinical settings only with the highest contact hours which may reach up to thirty-three contact hours per week.

At MACHS, the role of a clinical instructor continues beyond being only a clinical educator for students to include technical and administrative duties outside the scope of an educator. The job description of a clinical instructor also involves a wide range of responsibilities that can be summed up on the below table (Table 2).

Role of a Clinical Instructor	
Safety and Infection Control	- Ensures safety and infection control, sterilization in lab and clinical sites
Lab Management	- Ensures proper ventilation, fire safety
	- Oversees cleanliness and arrangement
	- Maintains logs and record books
	- Manages inventory and ordering of supplies
	- Oversees equipment maintenance
Teaching Responsibilities	- Provides instruction to students in lab and clinical settings
	- Prepares materials for instructors
	- Advises students academically
	- Attends project meetings
	- Develops evaluations like competencies
Student Support	- Accompanies students on clinicals and field trips
	- Communicates with department head about student issues
	- Assists students in activities and assignments
Administrative Duties	- Serves on committees
	- Presents ideas to improve department
	- Writes and submits meeting minutes
	- Assists in policy review and implementation
	- Prepares reports
	- Helps meet accreditation requirements
Other Duties	- Performs other duties as assigned within the scope of skills and experience

Table 2. Role of a clinical instructor.

All the above duties and responsibilities are very intimidating for newly graduated nurses who will join MACHS as clinical instructors. For instance, my last conversation with a new fresh graduate clinical instructor, who joined MACHS last semester, reflected how frustrated she is regarding the different tasks that she needs to cover, and how it is so difficult for her to finish her work within the working hours (personal communication put

date ideally you write the name but for confidentiality you may not in here) do this for all data you mentioned that you obtained from personal communication. She was our student, and she stated that she thought clinical instructors just go to the hospital with students and correct the clinical forms. When she joined MACHS, she was not given all the responsibilities such as advising and committees, however, the next semester, she had to she had to take the aforementioned responsibilities. Therefore, she found herself not prepared, and not ready for the job.

D. Instructors' Shortage and Challenges

This impressive growth in student numbers has resulted in a significant challenge regarding the instructor-to-student ratio. The demand for qualified clinical instructors has soared in tandem with the increasing student body. The instructor: student ratio can range from 1:5 up to 1:12, emphasizing the need for a large dedicated and skilled cadre of clinical instructors. At MACHS, fresh graduates in Bachelors of nursing, with zero years of experience after graduation are actively recruited to serve as clinical instructors, a testament to the institution's commitment to nurturing its own talent. Yet, the responsibilities placed upon these instructors are multifaceted.

In addition to the teaching duties, each instructor at MACHS is enrolled in two committees, have academic advising duties, must do a minimum of four community services yearly, is appraised for the professional development, and assigned other unpredicted tasks that emerge and could happen daily. for instance, covering for other absent instructors clinically. All those tasks cause role ambiguity, strenuous work environment, and heavy workload that leads to high turnover rate.

E. Problem Statement

The challenges faced by clinical instructors related to diverse tasks demanded of them, have impacted the ability of clinical instructors to maintain the same level of educational services. Therefore, this situation created high turnover and an ongoing hiring cycle within the college, necessitating the recruitment of fresh graduate nurses as clinical instructors to alleviate the strain. Despite the admirable efforts of these new instructors as per several personal verbalization throughout the 2 months period time before starting the project, and because of urgent needs, they are directly thrust into the line of duty. There is no proper training and mentoring given to them, which is keeping MACHS in the vicious cycle of hiring given their very high turnover rate. New faculty are barely completing their one-year contracts before deciding to move on as the turnover has risen from 9.7 % to 12% over the course of 2021-2023 as per the 2022-2023 exit interview report at MACHS.

Novice clinical instructors at MACHS, are facing several challenges as per several informal communication with faculty and administrative staff similar to those reported in literature and experienced in nursing schools in general. These challenges include excessive workload, the need to balance work with personal life, inadequate clinical experience, limited teaching experience, lack for training in teaching techniques, an unpleasant work environment, and lack of confidence in their teaching capabilities (Dalby et al., 2020). All these challenges, may not only affect their health, but have an impact on the nursing education provided to students. Therefore, there is a need to implement a mentorship program tailored to new clinical instructors at nursing schools to tackle the challenges and

facilitate the development of confident only well-rounded faculty members while lowering staff turnover rates and increasing instructor performance and loyalty.

F. Significance

As stated, the complex and demanding role of the nursing clinical instructor necessitates a structured mentorship program for smooth onboarding and development into their roles as educators. Through mentorship, experienced faculty with a suitable background in education provide guidance and support to new instructors to enhance teaching skills, understand administrative responsibilities, and promote effective role transition. Furthermore, formal mentorship programs were proven to benefit novice clinical instructors to enhance self-confidence in the academic position, increase career satisfaction, and leadership skills; Hence, increasing clinical instructors' retention, and sparing the management money and time (Jeffers & Mariani, 2017), while reducing the other faculty members stress and workload. Moreover, offering a structured mentoring program at MACHS can be very beneficial for new clinical teachers, in accordance with the basic competencies for clinical instructors developed by the National League for Nursing (*Novice Nurse Educator Competencies With Task Statements*, n.d.-b).

Addressing the importance of a mentorship program to tackle different challenges faced by novice faculty members in nursing schools is imperative for different reasons. It may contribute to enhancing the quality of nursing education. A systemic review was done by Abdollahi and Nabavi, (2023) showed the significant impact of mentorship program on novice faculty members in creating a supportive clinical learning experience for students. In another systematic review by Carlson (2015) mentorship programs proved to beneficial

to new faculty members in terms of increasing their job satisfaction and retention through engaging the new faculty and welcoming them as part of the team. Applying a mentorship program proved to save both time and money as a result of reducing expenses of recruitment, hiring, orientation and training of new members (Woodworth, 2017). Finally, by role modeling an expert's teaching and knowledge experience, the new clinical instructor can adopt effective pedagogical methods in teaching and utilizing his/her knowledge in students' teaching and improving their self-confidence (Knowles, 2020).

G. Purpose

This project seeks to develop an innovative mentoring program for new clinical instructors at MACHS that goes beyond standard orientation to holistically support newly graduated nurses transitioning into the vital role of clinical preceptor. Rather than view these novice educators as merely a solution to instructor shortages, the program will invest in their long-term growth as confident, skilled faculty members who can make meaningful impact on nursing education. By making new preceptors follow a structured program with experienced mentors, they will receive ongoing guidance to master teaching strategies, manage their multifaceted responsibilities, and develop competencies in following the NLN 8 core criteria. This investment will benefit all the involved stakeholders while addressing system-wide challenges of recruitment, retention, and instructor satisfaction. The purpose of the project is to design a mentorship program for novice clinical instructors at MACHS.

In conclusion, this chapter discussed the challenges faced by novice clinical instructors in nursing education, especially at MACHS. These challenges, including heavy workloads, limited experience, and a lack of mentorship that necessitate the development of

a structured mentorship program. The mentorship program aims to equip novice instructors with skills and confidence needed to excel in their role as educators and become mentors themselves. Subsequently, the quality of nursing education, job satisfaction, and a sustainable culture of mentorship will benefit students, instructors, the organization, and healthcare institution long-term.

CHAPTER 2

LITERATURE REVIEW

In this chapter, we highlight on the important role of qualified clinical instructors in addressing the global shortage of nurses and nursing faculty. There are various challenges posed by this shortage, ranging by the strain on the healthcare system to the impact on the quality of education on nursing students. This situation requires the need for a mentorship program to improve the retaining and experience of nursing clinical instructors. Therefore, the value of mentorship program is examined on how it poses a positive outcome in fostering a supportive and nurturing work environment and enhancing the retention of clinical instructors and their professional development. Furthermore, specific challenges faced by clinical instructors are identified through different studies, emphasizing how mentorship prepares them for their roles. This chapter provides a basis for a literature review that influences the mentoring program's conceptual framework and design in later parts.

A. The Need for Qualified Clinical Instructors

The below studies provide an elaboration of the global shortage of nurses and nursing faculty and emphasizes the benefits of the mentorship program in retaining and enhancing the experience of nursing faculty.

1. *Global shortage of nurses*

According to the World Health Organization (WHO) (2022), there is a global shortage of health workers, with nurses and midwives accounting for almost half of the need at the moment. Over 27 million men and women are working as nurses and midwives representing over half of the world's health workforce (WHO, 2022). In a systematic review by Nowell et al. (2015), nurses scored the highest percentage of healthcare professionals with an average of 51 % globally, ranging from 47 % in Europe, to 71% in Southeast Asia, and still, the world is facing a big challenge as the number of nurses continues to decrease. This global shortage of nurses is significantly impacted by the shortage of nursing faculty as mentioned by Nowell L., (2015) and the State of The World's Nursing 2020 Report (*State of the World's Nursing 2020*, 2020). Examining the importance of mentorship program can highlight a major solution that will retain more clinical instructors, consequently, higher number of students can be accepted in nursing programs.

B. Challenges Faced by Clinical Instructors

Various literature studies and research works have suggested that the biggest problem in this step for the nursing school graduates who want to become clinical instructors is mentoring (Rustiana & Handayani, 2020; Lestari et al., 2021). There are many different issues that have been reported by the authors Rustiana & Handayani, (2020) and Lestari et al., (2021) such as limited practice areas, inadequate number of cases given for students to learn from during clinical hours, and limited students' authority on clinical sites. Rustiana & Handayani, (2020) and Lestari et al., (2021) also agree that the unavailability of a universally accepted mentorship program, insufficient allocation of financial resources,

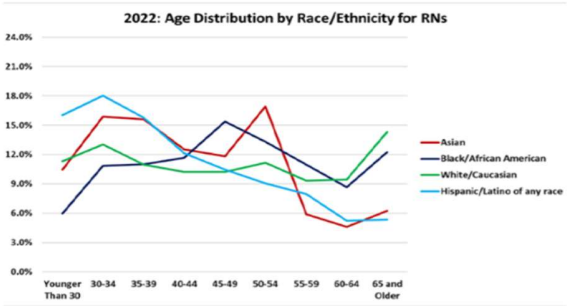
and shortage of formally trained mentors is a global problem hindering the development of competent clinical instructors. In Saudi Arabia, similar to what is happening worldwide, is also facing a shortage in the nursing body, especially local nurses, and this is due to the challenge in having qualified clinical instructors in the nursing schools (Alghamdi et al., 2019). The challenges clinical instructor turnover in Saudi Arabia might be linked to inadequate professional proficiency and skills in clinical preparedness, which is caused by insufficiency of qualified clinical instructors (Mutair, 2015). The clinical instructors usually have a limited experience in working with patients, and in teaching as well (Alghamdi et al., 2019). Moreover, many graduates lack sufficient teaching skills before they become clinical instructors and as a result, they are not able to impart the right amount of knowledge and lessons to the fresh graduates when they start working as clinical instructors (Aldawsari, Babenko-Mould & Andrusyszyn, 2015). This starts the chain of graduates who do not have sufficient teaching skills and fail to survive as clinical instructors to such an extent that most of them leave their clinical instructor jobs and leave for other job opportunities elsewhere. Hence, retention of clinical instructors is a significantly major problem for the schools of nursing (WHO, 2022). Moreover, the World Health Organization reported in 2020 that there were serious issues with faculty shortages and inadequate mentorship programs that the world's nursing workforce was facing. An estimated 60% of nations reported having a deficiency of nursing faculty, which resulted in a major training deficit for the upcoming generation of nurses (WHO, 2020). As a result, a proper transition to practice is a necessity for both attracting nurses to the academia sector, and retain those who are already in education.

C. Transition to Practice

Newly graduated nurses who choose the academia track as clinical instructors should be well-prepared for this position. However, due to a lack of transition from student roles to professional roles, they often find themselves in significant difficulty teaching nursing students (Owens, 2017). During their own education, they were focused on developing bedside nursing skills and clinical judgment. They did not receive formal training in classroom teaching, curriculum design, or evaluating others. As clinical instructors, they now must guide others' development and assess their competence. Without teaching experience, new faculty lack the understanding of how to balance supporting students with holding them accountable.

Accordingly, a transition period under a suitable mentor is essential so that they can develop their teaching skills and build more confidence before they move into a professional role. The seriousness of the nursing shortage issue is presented by the World Health Organization fact sheet released in May 2022, applies not just to Saudi Arabia but also to other countries and regions.

The lack of nurses in the field is caused by a number of issues. National figures indicated that the median age of registered nurses was 46 years in 2022 (*National Nursing Workforce Study | NCSBN*, n.d.), figure 3, which may cause the transition to the academic track more challenging at this age. Moreover, 91,938 qualified applications were rejected from baccalaureate and graduate nursing programs in 2021 due to an insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints (*Nursing Faculty Shortage Fact Sheet*, n.d.).



Blue= % Doctoral; Green= % MSN; Light Blue= % BSN; Red= % ADN; Yellow= % Diploma

Figure 3. *Age distribution by race/ethnicity for RNs.*

These circumstances, together with an anticipated rise in the demand for nursing jobs, makes it necessary to investigate methods for attracting and keeping nurses in both fields, education and practice. The lack of nurses is a worldwide issue as well as a local one, whereby the need for nurses will be doubled in Saudi Arabia by 2025 (Alsadaan et al., 2021) necessitating quick and practical answers to the problem of shortage in clinical instructors. The main roles of a clinical instructor in nursing schools are as follows (Heinonen et al., 2019):

- Provide training and assist in experience development for the nursing students
- Help nursing students develop skills and knowledge that will help them to work professionally
- Provide support and supervision to the nursing students as necessary

Subsequently, in a qualitative research study for Bagley et al. (2018), results revealed that the transition from graduation to clinical instructor job should be under the supervision of a highly skilled senior clinical instructor who will act as a mentor for the

program. It is clear from the author's explanation that they used Benner's Novice to Expert model to develop the transition to practice framework for the clinical instructors.

1. Importance of Mentorship programs for Nursing Faculty

The standards of education and training provided to recent graduates is directly impacted by this shortfall in the number of clinical instructors in nursing colleges (WHO, 2020). There are many challenges preventing nurses from taking the academia track and teaching at nursing schools (WHO, 2020). To address the challenges of nurses' shortage and improve the quality of education and training, mentorship programs for nursing faculty have been found to be essential (WHO, 2020). A mixed method evaluation study done by Hulton et al. (2016) examined the importance of a mentorship program for new nursing faculty, 21 out of 22 participated in the evaluation. The study showed positive experience by both mentors and mentees, with slightly higher experiences for mentees than mentors. Using a survey method, Chung and Kowalski (2012) explored the mentoring relationships among nursing faculty and their possible influence on job stress and psychological empowerment, and their effect on job satisfaction among 959 nursing faculty members. The study showed those who were mentored had higher job satisfaction and psychological empowerment compared to non-mentored faculty (Chung & Kowalski, 2012). In another descriptive study by Specht (2013) including 224 novice nursing faculty members, that examined the effect of mentorship on the participants' role ambiguity and conflict, results showed that those who were mentored had lower role conflict and role ambiguity compared to those who were non-mentored.

2. *Integration of Novice Nursing Instructors*

An integrative review conducted by Bubsy et al., (2022) to study the existing research on mentoring programs in relation to nurse faculty in academia supported the postulation that these programs facilitate integration of novice nursing instructors. In Hulton et al., (2016) mixed method evaluation design, 100 % of the mentored novice faculty showed a 1-year retention rate compared to 75 % for the non-mentored. In another study for Smith et al., (2016), 80 % of the mentored clinical instructors pursued higher education in the 5-year longitudinal study in comparison to 30 % for those who are not mentored. In a qualitative descriptive study done by Alanazi, (2022) including 10 novice faculty members from different regions in the kingdom, to examine the experience of novice nurse faculty in Saudi Arabia, the author identified four major themes, teaching on peninsula, navigating in the dark, grappling with the faculty role, and working hard to create hope for better tomorrow. Throughout the interviews, some faculty reported that informal mentorship was very helpful and assisted them to overcome hard and challenging times. Two participants reported that they had positive experience as novice faculty due to a structured mentorship program that they received when they joined their academic career (Alanazi, 2022).

D. Mentoring

Literature describes mentoring as a relationship between two individuals, the mentor and the protégé or mentee (Potter & Tolson, 2014). It is considered to be a relationship between a wiser and more experienced person (mentor) assisting a novice learner (protégé or mentee) to reach his maximum potentials (Potter & Tolson, 2014).

Mentorship programs have been broadly recognized as an effective strategy for supporting newly hired nursing faculty, including clinical instructors, during their transition period (Busby et al., 2022). In these programs, experienced nurse educators are paired with new instructors to provide ongoing guidance, training, and feedback. Through regular collaborative meetings, mentors impart their wisdom and institutional knowledge to empower novice instructors to excel in their multifaceted role.

Mentorship enables the development of strong teaching skills. New clinical instructors can learn effective classroom and clinical instruction strategies from veteran faculty mentors who have years of firsthand experience. Receiving coaching and training across educational settings helps build confidence and competence in the instructor role (Gazaway et al., 2016).

Additionally, mentors provide crucial advice on managing heavy workloads and balancing competing responsibilities (Dirks, 2021). New instructors learn essential time management, prioritization, and delegation skills to handle their various teaching, committee, advising, and professional development duties (Dirks, 2021). This promotes work-life balance and the ability to thrive in the role. Mentorship also gives new faculty a dedicated confidant for voicing concerns, challenges, and reflections on personal growth (Dirks, 2021).

In nursing academia, having regular guidance from an experienced, caring mentor mitigates feelings of isolation and burnout that can affect new educators and has positive effects on the participants' confidence or self-efficacy, publications or finding, faculty promotion, and retention (Busby et al., 2022).

CHAPTER 3

PROGRAM DESIGN AND PLAN

This chapter will discuss in details about the full program design and plan. It includes objectives of the program, with its attributes, antecedents and consequences and a robust conceptual framework to guide the transition of clinical instructors to go from being novice to expert. The framework provides a full understanding of the factors influencing the journey toward expertise in the realm of clinical instructors. Moreover, a thorough assessment is described along with an implementation plan for the mentorship program.

The mentorship program in this project will tackle the following objectives and will help instructors to:

1. Enhance teaching skills and pedagogical knowledge.
2. Boost confidence in teaching abilities.
3. Clarify roles and responsibilities.
4. Provide a supportive community and work environment.
5. Improve the overall quality of nursing education.
6. Reduce faculty turnover rates.
7. Align with national goals of enhancing nursing education and healthcare quality in Saudi Arabia.

Following the mentorship program systematically will allow mentees to enhance their teaching skills, boost their confidence and clarify their roles and responsibilities

through directly teaching and training the new clinical instructors through orientation sessions, workshops and guidance. On the other hand, a structured mentorship program will indirectly lead to a supportive work environment, improve the quality of nursing education in general, reduce faculty turnover and align with national goals. The aforementioned outcomes are achieved when the mentors and mentees voluntarily join the program with clear instructions and direction, which creates a comfortable environment for everyone. Moreover, when the program results in competent clinical instructors, this will positively reflect on overall education of students as they will receive the needed education, and consequently upgrade the overall level of nursing education in KSA which will align with the national goals.

For a successful mentorship program to take place, a brief concept analysis that will give us a deeper understanding of our mentorship concept is to be followed:

- Attributes:
    - Pairing of the mentor and mentee
    - Mentor provides guidance, advice and support
    - Goal-oriented relationship
    - Focus on the mentee's professional and personal growth
    - Regular scheduled meetings and interactions
    - Voluntary participation by mentor and mentee
- Antecedents:
    - Identification of the mentees' learning needs
    - Selection of the suitable mentors

- Agreement and commitment by both mentor and mentee
- Establishment of mentoring goals and expectations
- Securing of organizational support and resources

- Consequences:
  - Improves skills, knowledge and confidence in the mentee
  - Development of mentee's leadership abilities
  - Career advancement and growth of the mentee
  - Personal fulfillment and satisfaction of the mentee
  - Transfer of experience and organizational knowledge
  - Improved communication and teamwork
  - Increase employees' engagement, productivity and retention

In summary, the concept analysis with its attributes, antecedents and consequences, provides a model for developing and implementing an effective mentorship program.

A. Conceptual Framework

The conceptual framework guiding the design of the project is rooted in supporting role transition through a customized mentorship model. Transition shock, or the significant challenges nurses face adjusting to new professional roles, is well-documented across settings from education to practice (Arrowsmith et al., 2016). Implementing formal mentorship programs can effectively support nurses during this crucial transition period.

The project's mentorship program aligns with key principles from major nursing theories (*Dr. Patricia Benner - Nursing Theory*, 2020). Benner's novice-to-expert model

informs each preceptor's stage-based competency development. To achieve an appropriate flow from being novice to becoming an expert, Patricia Benner, (1982) presented a Novice to Expert theory (From Novice to Expert, 2021). She developed this theory to assess nurses' needs at different stages of their professional development. This framework can be used on different aspects, not only nurses at the hospital, therefore, using it in the assessment of the needs of novice clinical instructors will allow us to develop a unique mentorship program for novice clinical instructors at MACHS. This framework is divided into 5 stages *(From Novice to Expert, 2021)* (Table 3).

By adapting this framework, we can understand the particular challenges faced by the new clinical instructors and the requirements needed for them to transition from a novice to expert clinical instructor. At the novice stage, the newly graduated instructors may feel overwhelmed by the transition from being a student to becoming an educator. Here they should be taught simple objective/ concepts that are very clear, simply identified and easily followed by the new instructors. As they move on to the advanced beginner, they will be having enough real-world situations whereby he will be able to manage when facing a recurrent situation. At this level, it is important for mentors to help in teaching the mentee how set priorities and spot out situations that were dealt with following specific guidelines. After that they reach to the competent phase, where they have acquired more teaching skills that they may utilize confidently with adjusting the rules and plans according to class dynamics. At this level, in-service education and opportunities are very beneficial. Upon reaching the proficient stage, there will be a significant shift towards intuitive and skillful teaching, whereby the instructor will be able to adjust his methods according to diverse learners, and he will be able to see situations as whole. It is crucial at this level to keep on

training the individual to use his critical thinking through case studies that might not be solved using pre-set guidelines. Finally, the expert stage is where the instructor reaches the mastery level and will have the capabilities innovate, being a mentor him/herself, and has significant effect on the teaching process. Finding opportunities for the experts to share their skills and knowledge and also their analytical abilities to solve new situations plays a very important role in the sustainability of the expertise of the individual.

Figure 4. Conceptual framework.

Stage	Definition	Potential strategies for skills and knowledge acquisition
Novice	The learner has no previous experience making them struggle to decide which tasks are most relevant to accomplish	Teach simple/objective concepts/attributes that are easily identified
Advanced Beginner	The learner has enough real-world situations that the recurrent component is easily identified when it is related to rules and guidelines	Increase assistance and support in setting priorities to clients' needs by providing guidelines for recognizing patterns.
Competent	The learner has been on the job two or three years and is able to see actions in terms of goals or plans and work in ana efficient and organized manner.	Offer in-service education or opportunities
Proficient	The learner performs by using pieces evidence (i.e. maxims) that provide directions to see a situation as a whole.	Use case studies to stimulate thinking especially in situations with principles or rule that are contradictory
Expert	The learner grasps the situation and understand what needs to be accomplished beyond rules, guidelines and maxims.	Provide opportunities for experts to share their skills and knowledge and also their analytical abilities to solve new situations

Table 3. Stages of proficiency.

B. Program Design

The Program's strategic design emphasizes a phased approach to achieving its objectives. The logical progression of activities within the program ensures that new clinical instructors receive the support, training, and guidance needed to excel in their roles (Slattery, 2022). The overarching target of the mentoring program is to provide comprehensive support for new clinical instructors to facilitate successful transition into the faculty role. Consequently, and as a first step, a thorough root cause analysis (Ishikawa), situational assessment, needs' analysis, and SWOT analysis are crucial to develop an effective mentorship program that both identifies and addresses the relevant key challenges

faced by new clinical instructors at MACHS. Figure 5 helps us visualize the cause of high turnover of novice clinical instructors at MACHS using fishbone diagram.

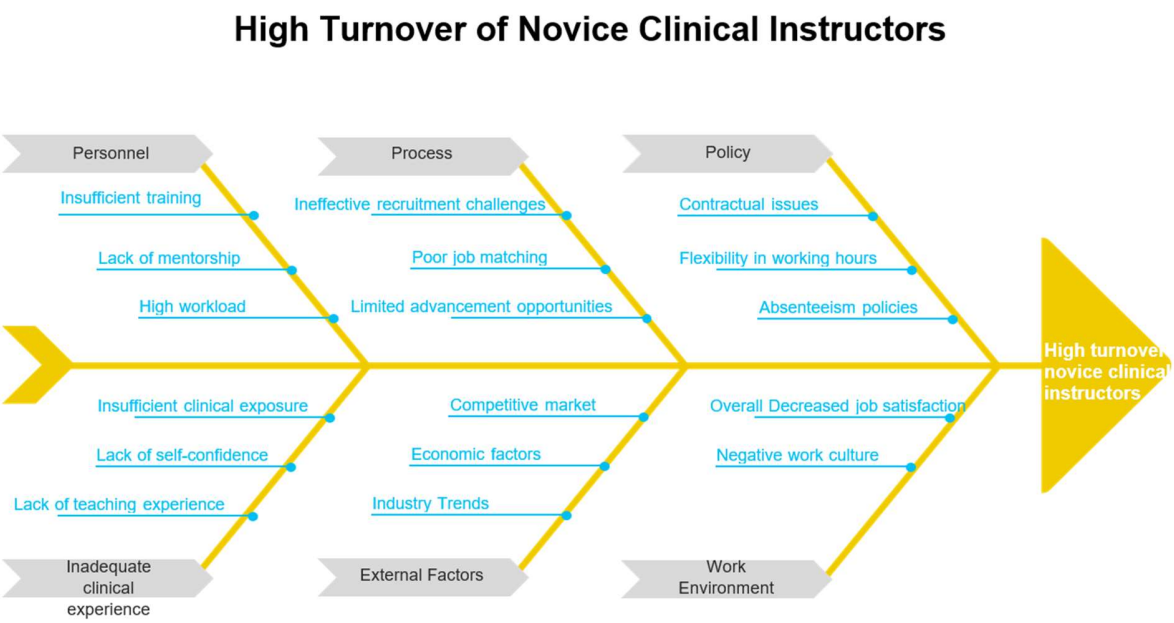


Figure 5. Fishbone diagram for high turnover of novice clinical instructors.

C. Situational Assessment

Currently at MACHS, new clinical instructors undergo a standard orientation process when hired. This consists of an orientation of manual review, facility tour, introductions to key staff, and paperwork. They may receive informal guidance from other faculty. However, there is no formal ongoing training program. When new instructors leave MACHS within their first year, the reason is because some of them feel overwhelmed navigating this multifaceted role independently and end up leaving their roles (Weidman, 2013), and some of them usually leave for a better offer, or a governmental job. By conducting surveys, interviews, and observations, program developers can identify the

areas where these instructors require guidance and support the most (Sawatzky & Enns, 2009). A thorough needs assessment must be implemented prior to the initiation of the program, in order to focus our work. There are 4 different perspectives on needs described by Bradshaw, 1972; normative need, perceived or felt need, expressed need, and relative or comparative need (Marosszeky et al., 2006). Normative needs are defined by expert opinion on standards and requirements (Marosszeky et al., 2006). Felt needs refer to subjective needs expressed by individuals (Marosszeky et al., 2006). Expressed need is the demonstrated need by the population, and the relative needs compare needs between services amongst 2 similar communities (Kettner et al., 2017). Three of those needs were assessed in the current analysis.

1. ***Perceived Needs:***

Initially, the need was flagged as a felt need by senior staff members such as myself at MACHS. With over a decade as an engaging faculty, I had a unique vantage point into new instructor's experiences and challenges. As part of my observations of the new staff that had come and left during my tenure period, I was able to flag a need for better onboarding systems through mentoring approach that helped teach not only skills but also provide guidance maps to navigate the transitional period from student into instructors. A structured interview will also be very beneficial with every new instructor to solicit his perceived needs about teaching effectiveness, management of classes, management of clinical, etc.

2. *Expressed Needs*

Through regular informal conversations and meetings, the newly recruited instructors expressed a prevalent need for more guidance and growth opportunities and assistance in navigating the overwhelming number and diversity tasks. Furthermore, there is a consensus among current instructors that reveals a need for enhanced onboarding support in areas such as pedagogical training, workflow and time management, school policies, acclimating to academic culture, and managing role expectations. New hires also desire a dedicated mentor contact for questions and advice. These insights align with the challenges noted in the literature review. Moreover, to identify the expressed needs, information collected from the head of department about what new instructors has faced during the first few months of their career at MACHS are very important. Thers is usually a meeting after the probation period, which is a 3 months period, then instructors are evaluated by the head of department and their peer that were working with them, to decide if another 3 months of probation are to be renewed or they will become off probation. Moreover, formal information collected at the exit interview are. Below are some key findings of the exit interview that indicates the high turnover rate among nursing faculty in the nursing department. Workload is one of the major common reasons for a mentorship program which will help new clinical instructors grasp the different tasks requested from them, manage their time, and master their jobs in order to be able to adapt to the workload at MACHS. In the 2022-2023 academic year, the exit rate rose to 12.4%, with resignations and non-renewals of contracts concentrated among teachers which was procured from the MACHS human resources department.

a. Key Findings:

- Employee turnover rate increased from 9.7% in 2021-2022 to 12.4% in 2022-2023, exceeding the recommended level of 10% for a stable workforce.
- The majority (64.7%) of exiting employees were teaching staff, mostly Saudi nationals (94%).
- The top 5 reasons for leaving were: salary, career opportunities, family/personal reasons, education, and benefits and a strenuous workload. 53% had discussed these factors with their supervisor before leaving.
- Positive aspects reported were: work environment, teamwork, co-workers, dealing with students, professional development.
- Negative aspects were: salary, heavy workload, lack of recognition, limited research support, inflexible hours, faculty evaluation process.

3. Normative Needs:

Normative needs, or the expert evaluated needs, is defined as a need falling below the standard (Kettner et al., 2017). To evaluate the expert opinion of the workload of clinical instructors, one perspective is instructor to number of students ratio. "Nursing Clinicals: What Nursing Students Should Expect | ANA," (n.d.) stated that the ratio should be 1:6, up to 1:10 students depending on the school and the clinical site. However, at MACHS, the number of students is ranging from 6 up to 12 sometimes, regardless of the level of students. This ratio depends on the number of faculty available. This issue plays a role in causing ambiguity of the instructors' job, as the clinical instructors will not know what to expect each semester.

The exit interview provides an initial indication of needs, while a more thorough needs analysis would be done later to design the actual program. The exit interview report signals underlying needs at MACHS, specifically around boosting nursing faculty retention and development. It presents self-reported data from departing employees that can inform the broad contours of subsequent interventions. However, this backward-looking data has limitations in dictating the exact shape future programs should take.

A full needs analysis would allow tailored design of an instructor development program matching current and emerging nursing faculty requirements. This would likely involve updated surveys, focus groups, and consultations to detail precise skill gaps, workload challenges, morale issues and growth opportunities. Essentially, the exit interview flags the general problem area, while follow-up needs analysis spotlights more specifics to address.

D. Needs Analysis

This need analysis is meant to examine the current state of onboarding and support for new faculty, identify gaps and opportunities for improvement, determine program goals and desired outcomes, and analyzes resources required for successful implementation. It incorporates three steps: organizational analysis, operational analysis and individual analysis (Learning Everest Team, 2023), refer to figure 6. These findings will guide the structure, components, and evaluation measures of the mentorship program.

3 Critical Levels of Training Needs Analysis Infographics

Figure 6. Training needs analysis levels.

1. ***Organizational Analysis:***

This step is done to address training needs of the organization based on its weaknesses (Van Vulpen, 2023). At this point, current processes and systems are to be assessed:

a. Cultural and Environmental Factors: which are related to the overall organizational context. This will help us predict how is this program perceived and integrated into the existing organizational culture (Çera & Kusaku, 2020). MACHS is a Saudi private college, which is distinguished from other colleges and universities in the Kingdom, by its owner, Dr. Aisha Al Mana, who played a big role in making the environment at MACHS more open, in terms of mixing gender and accepting multi-cultural faculty, than other similar universities.

b. Benchmarking with Best Practices: in the process of the needs analysis, a comparison of this mentorship program with another program in a similar school of nursing can be very effective (Ettorchi-Tardy, 2012). In MACHS case, we can

compare our program with Dammam University mentorship program to assess the areas of strength and areas that needs improvement.

c. Diversity and Inclusion Criteria: these criteria are directly related to MACHS in general, and the nursing department specifically. Nursing department is the only department at MACHS that has around 50 % of its faculty which are non-Saudis, whereas the others have much less non-Saudi faculty members. This diverse environment plays an important role in innovation because of the increase in the talent pool, which may lead to more effective mentors, with diverse capabilities and backgrounds (Bush, n.d.). Moreover, expats that are coming to MACHS, have good experience, and their retention rate is higher because they don't have much opportunities similar to Saudis, who are offered governmental jobs after gaining experience in private sectors. Therefore, expats can act as good mentors for newly graduated clinical instructors.

d. Long-term Sustainability: this criterion reflects the higher retention rates for non-Saudis that can considered as reliable mentors.

2. Operational Analysis:

This is the second step in the needs analysis. Here we analyze day-to-day activities involved in faculty onboarding (how should employees complete the task, what skills do they need and what are the performance standards) (Learning Everest Team, 2023). The elements of operational analysis are:

a. Task execution framework: this involves breaking down the tasks, analyzing the workflow, and enhancing methods for optimal implantation (Trainings, 2023).
b. Skill and Resource Alignment: here the alignment of the skills needed to complete the task is important to make sure the resources and time is available (Trainings, 2023).
c. Performance Enhancement Strategies: make sure the technology and equipment needed to complete the tasks are available for the purpose of enhancing the overall operational performance (Learning Everest Team, 2023).

Relying solely on existing resources is insufficient; the initiative must be supported by fiscal allocations to establish the necessary infrastructure and support systems (Sheppard-Law et al., 2018). Mentors may require release time or compensations to offset time spent guiding mentees. Facilities like meeting rooms and training spaces must be obtained to conduct mentor-mentee sessions and group training on academic policies, pedagogy, and professional development (Rustiana & Handayani, 2020). Additionally, various equipment and educational aids will have to be set up including visual aids (projectors, projection screen, etc.), practical class settings, availability of important books and databases to the library and others.

3. Individual Analysis:

This is the third step in the needs analysis. It focuses on individuals and how they perform their jobs.

a. Learning Preferences and Styles: we start from known to unknown after we assess the background of the individuals and spot the gaps that are needed to be fulfilled. This will help us understand what is the best way to teach, along with knowing their weaknesses and strength
b. Motivation, Goals, and Feedback: Encompassing the motivational factors, and the individuals' future goals, their feedback preferences, helps a lot in guiding us into effective feedback
c. Environmental and Communication Dynamics: here we focus on the practical aspects of the learning environment, scheduling considerations, and communication techniques.

One of the primary reasons for conducting a needs analysis is to gain a deep understanding of the specific needs of the novice clinical instructors. This understanding is crucial for tailoring the mentorship program to meet the unique challenges faced by novice instructors. By conducting a thorough needs analysis, clearer program objectives can be established. By aligning the program goals with the identified needs, the mentorship program can focus on addressing the precise areas that require improvement (Sucuoğlu, 2018). This targeted approach ensures that the program is effective in addressing the challenges faced by novice instructors, thereby enhancing their professional development.

The needs analysis will help in optimizing the allocation of resources such as time, personnel, and finances. By understanding the specific needs, program developers can allocate resources efficiently, ensuring that the mentorship program is well-resourced to provide the necessary support and guidance to both mentors and mentees (Altschuld & Kumar, 2010).

After conducting a thorough needs analysis, the next logical step in the development of the mentorship program for novice clinical instructors is to perform a SWOT analysis. This strategic evaluation tool assesses the program's Strengths, Weaknesses, Opportunities, and Threats, in direct relation to the needs identified and the situation of the program's main setting.

E. SWOT Analysis

A SWOT Analysis provides a comprehensive understanding of the internal and external factors that can influence the program's success (Galabova, 2018). By understanding the program's strengths, such as tailored mentorship activities and participant engagement strategies identified through the needs analysis, the development team can capitalize on these aspects to maximize the program's effectiveness. Simultaneously, acknowledging the weaknesses identified during the needs analysis allows for targeted improvements, ensuring a well-rounded and impactful mentorship experience (Samuel, 2021). Furthermore, the opportunities and threats identified through the SWOT analysis enable the program developers to anticipate external factors, such as evolving educational trends or institutional challenges, and proactively design strategies to leverage opportunities and mitigate potential risks (Galabova, 2018). By seamlessly transitioning from the needs analysis to the SWOT analysis, the mentorship program can be fine-tuned and strengthened, aligning its goals with the institution's mission while addressing the specific needs of novice clinical instructors effectively. Table 4 presents a SWOT analysis based on the preceding literature and my 10 years' observation of MACHS's onboarding and retention newly hired clinical instructors.

SWOT Analysis of the Mentorship Program	
Strengths	**Weaknesses**
A. The recognition for need of experienced staff: Surveys of MACHS stakeholders reveal broad agreement on gaps in instructor onboarding and a desire for formal mentorship. This establishes a clear mandate for the program. **B.** Existing instructors eager to serve as mentors: Experienced faculty have expressed enthusiasm for mentoring new hires, ensuring a pool of qualified mentors. Their expertise and institutional knowledge will be great assets. **C.** Aligns with MACHS goals for excellence: The program's aims to elevate instructor competence and retention align with the university's strategic priorities for nursing education quality	**A.** Lack of formal structure currently: No framework or dedicated staff exist yet to coordinate structured mentoring relationships and activities. This must be built from the ground up. **B.** Heavy faculty workloads: High instructor workloads may limit the time available for mentors to dedicate to the program. Release time or stipends may be needed. **C.** No previous benchmark data: There is limited historical data on instructor retention at MACHS. Progress may be difficult to quantify without pre-program baselines. **D.** Resistance to change: Some veteran faculty may be reluctant to adopt new initiatives like formal mentoring relationships. **E.** Budget constraints: If funding is insufficient, the resources and activities may be limited. The program may not meet its goals. **F.** Poor adoption if not communicated properly: Lack of clarity around program objectives and roles could hamper buy-in from participants.
Opportunities	**Threats**
A. Collaboration with all branches of Al Mana General Hospital, and other big hospitals in the region for training **B.** Regional recognition and support **C.** Professional development funding	**A.** Competing with other nursing colleges' mentorship programs **B.** Rejection from the government to the program **C.** Economic factors like budget cuts from the governmental side.

Table 4. Swot analysis.

F. Securing Stakeholders Buy-in:

Thoughtful planning is critical to ensure the program achieves its objectives and desired outcomes. Before the program can proceed, we must secure the buy in from several

key stakeholders and ensure that the program has the support of the administration (Knowles, 2020). This includes:

- Presenting the program proposal, rationale, budget needs, and expected outcomes to MACHS administration and requesting formal approval. Their buy-in is essential.
- Seeking endorsement from the Head of the Nursing Department to act as the program's sponsor and advocate.
- Submitting the program plan to the Saudi Ministry of Education for review and authorization, as they oversee all academic programs.
- Informing affiliate healthcare institutions that provide student clinical placements about the mentorship initiative. Their support will be valuable.

1. Internal Stakeholders:

Internal stakeholders are individuals or groups inside the organization (MACHS) who have direct involvement or affected by the implementation of the mentorship program (S, 2017). They include the new clinical instructors, current faculty mentors, nursing department leadership, and university administration, and students (Pinheiro, 2015). Each plays an integral role within MACHS for onboarding new instructors and ensuring high quality education.

New clinical instructors: As the primary stakeholders, the newly hired MACHS faculty will directly benefit from participating in the mentorship program as mentees. The program aims to support their transition and address the challenges novice instructors face. Their feedback will be crucial for evaluating and improving the program (Yirci, 2017).

Current faculty mentors: Experienced MACHS instructors will serve vital roles as mentors guiding the new hires. Their perspective will shape the program structure and components based on insight into the institution's environment and new instructor needs. They will need training and support to serve effectively as mentors (Knowles, 2020).

Nursing department leadership: The nursing head of department (HOD) and administrators will oversee the implementation of the mentorship program. As stakeholders invested in instructor retention and development, their leadership is essential for spearheading the initiative, securing university support/resources, and monitoring outcomes (Pinheiro, 2015).

University administration: The MACHS provost, dean, and other university leaders must approve funding for the program and allocate resources like staff time, facilities, and technology and as such they will be approached from the cost benefits of such a program for the overall college (Jeffers & Mariani, 2017).

Students: Nursing students mentored by the developing instructors will gain from their enhanced teaching abilities. The program aims to create supportive learning environments and strengthen instruction (Jeffers & Mariani, 2017).

2. External Stakeholders:

External stakeholders are groups outside institutions who will benefit from the program like government, employers, industry, local community, alumni, parents, and media (Pinheiro, 2015). The external stakeholders involve healthcare institutions and the national Saudi Ministry of Education. Although not directly involved in program operations, they have relevant interests in the development of qualified nursing graduates.

Healthcare institutions: Hospitals and clinics that provide clinical placements for MACHS nursing students have a stake in the program. Well-prepared new instructors will help ensure students receive high-quality clinical education, producing nurses qualified to deliver excellent patient care (NLN, 2012).

Saudi Ministry of Education: As the national oversight body for academic programs including nursing, the Ministry sets curriculum standards and assessments. They will be invested in initiatives like this mentorship program that raise nursing education quality in Saudi schools of nursing. The Ministry's approval may be required for the program to launch (*Establishment*, n.d.).

A successful mentorship program is dependent on the engagement of both its internal stakeholders within MACHS as well as its external stakeholders who have interests in nursing education outcomes. Careful consideration of each group's perspectives, needs, and potential contributions is an important part of the program design process (Pinheiro, 2015). This analysis identifies the key stakeholders who should be involved in or consulted on the program's design and execution.

G. Human Resources Needed

Implementing the mentorship program will require a dedicated investment of resources, including funds, facilities, equipment, and personnel. With approvals and budget resources obtained, the next crucial step is securing the human resources for the program execution. A robust human resources component can ensure the program provides the preparation and support these new instructors need to thrive. The recruitment and development of skilled mentors is the cornerstone of a successful mentorship program for

newly hired clinical instructors (Moreno et al., 2023). MACHS has the human resources needed, and recruitment will happen internally.

1. Team Members

The ideal team for the mentorship program at MACHS requires a mix of expertise, experience, and dedication. Table 5 proposes the ideal team based on the existing resources at the college (Nowell et al., 2017). There will be a need for 1.5 FTEs in total if we have 5 mentors, and a full team to conduct this program. Details are in the table 4. Below:

Title	Ideal Candidate	Role
Program Director:	A seasoned faculty member with experience in program management, educational leadership well versed in nursing education and has degrees in nursing education, and a deep understanding of the challenges faced by new clinical instructors. 2 hours per day are needed from this team member, which constitutes 10 hours per week (0.25 FTEs)	- Develops program strategies and goals. - Coordinates team efforts. - Provides guidance on program implementation. - Evaluates program effectiveness. - Acts as a liaison between the program and MACHS leadership.
Mentorship Coordinators (2-3 members):	Experienced faculty members with a proven track record in mentorship, excellent organizational skills, and the ability to work collaboratively. 4 hours per week from each member are required (0.1 FTE, 0.1 * 3=0.3 FTEs if they were 3 coordinators)	- Match new instructors with suitable mentors. - Organize mentorship workshops and training sessions. - Coordinates meetings between mentors and mentees, and schedule regular feedback sessions - communicate schedules with both mentors and mentees, and confirm attendance of both - Monitor mentorship relationships and provide support as needed. - Gather feedback from mentors and ment8ees for program improvement. - Collaborate with mentors to address specific challenges faced by new instructors.

Title	Ideal Candidate	Role
Experienced Mentors (5-10 members):	Senior faculty members with significant teaching experience, a strong commitment to mentorship, and excellent interpersonal skills. These mentors should have a good understanding of MACHS's specific challenges and a willingness to share their knowledge. 4 hours per week are requested from the mentors, beside their actual work (0.1 * 5=0.5 FTEs if they were 5 mentors)	- Engage in one-on-one mentorship sessions with new instructors. - Share teaching techniques and best practices. - Provide feedback on classroom management and lesson planning. - Offer support and encouragement to boost new instructors' confidence. - Collaborate with coordinators to assess mentees' progress.
Research and Data Analyst:	A faculty member or researcher with expertise in data analysis, preferably with a background in nursing education research. They should be skilled in quantitative and qualitative research methods. The researcher, or data analyst is required to have 4 extra office hours per week to complete this task. (0.1 FTE)	- Design data collection methods and tools. - Collect quantitative and qualitative data on mentorship outcomes. - Analyze data to assess program impact. - Prepare reports and presentations on program effectiveness. - Identify areas for program improvement based on data analysis.
Administrative Support:	An administrative staff member with excellent organizational skills, attention to detail, and the ability to handle multiple tasks efficiently to streamline day to day activities related to the program. 2 hours per day, or 10 hours per week are requested from this staff. (0.25 FTE)	- Schedule meetings and workshops for mentors and mentees. - Manage communication between mentors and mentees. - Organize program-related events and activities. - Maintain records of mentorship pairings and outcomes. - Handle administrative tasks to support the program's overall efficiency.
Quality Assurance Specialist:	A faculty member with expertise in educational quality assurance, preferably with experience in nursing education. They should have a keen eye for assessing the impact of mentorship on teaching and learning outcomes. 4 hours per week are requested from this employee (0.1 FTEs).	- Conduct periodic evaluations of mentorship sessions. - Gather feedback from mentors, mentees, and coordinators on the program's impact. - Assess mentorship outcomes against predetermined benchmarks. - Identify areas of improvement in mentorship practices. - Provide recommendations for enhancing the overall quality of mentorship.

Table 5. Proposed team members.

2. *Recruitment Processes*

Recruitment is a critical phase in establishing a successful mentoring program. Effective recruitment ensures a pool of enthusiastic mentors and mentees, ready to engage in meaningful mentorship relationships. In order to achieve this, the program will follow an application-based approach to recruiting the team members and to get the mentees enroll into the program as well. The application form will ask basic contact and demographic information; an open-ended question about each team member's goals, and the mentee's goals for the program; and whether they are interested in becoming a mentor, or take another team member (Vance et al., 2017). This application process helps identify the personality, attitude, and education background of both the mentors and the mentees to best match them together. All new faculty members are to be accepted as mentees; however, mentors are selected by the head of department according to the criteria mentioned above in table 5.

Once selected by the head of the department, mentors undergo comprehensive orientation and training workshops by the program director grounded in adult learning principles covering topics such as effective mentoring techniques, communication strategies, understanding challenges faced by new instructors, and conflict resolution (Kajs, 2002). These interactive sessions equip mentors with the knowledge and skills to guide their mentees effectively (Nowell et al., 2017).

By investing in rigorous preparation and ongoing support for mentors, the program ensures that mentors can provide the high-quality guidance and empowering learning environment needed for new clinical instructors to thrive (Nowell et al., 2017). Mentors also have access to teaching materials, research publications, and professional development

opportunities to continue enhancing their own skills. Relationship-building activities like co-teaching sessions, clinical observations, and job shadowing opportunities are also defined. These activities allow mentors to model effective practices and provide feedback in a collaborative setting. Additionally, regular meetings are set for mentors and mentees to connect one-on-one and discuss progress (Knowles, 2020). Mentorship coordinators facilitate regular mentor support meetings to collaboratively troubleshoot challenges, share best practices, and participate in continuing education activities.

Securing resources requires framing the mentorship program as an investment rather than a cost. Quantifying expected benefits such as higher instructor retention, teaching quality, and student outcomes can help justify the requisite funding and facilities. Building a dedicated budget and inventory of physical/personnel needs is essential for administrators to assess required investments accurately. Resources should be scaled up over time based on program growth and evolving demands.

H. Cost/Effectiveness Analysis

The benefits of this program are going to be on the dollars level, on the morale of the clinical instructors, on the morale of the other faculty who are working and training new faculty who are resigning after a year and on the quality of teaching and students' education. Therefore, it is not only on dollars level, even though part of it could be quantified whereby the cost to get one expatriate clinical instructor is $ 4,100. Table 6 shows the breakdown of fees for one expatriate clinical instructor.

	SAR	USD
Visa	2000	533
Iqama	650	173
Work Permit	9,600	2,560
Insurance	2,000	533
Recruitment agency fees	1,125	300
Total	15,375	$ 4,100

Table 6. Novice instructor recruitment cost.

Moreover, insufficient training provided to new recruits and inefficiency in their output might lead the organization to hire more instructors in order to fulfil the duties that could be accomplished by 1full time equivalent (FTE) properly mentored instructor. The program requires reasonable financial resources and strong leadership support to launch successfully. The cost analysis is in table 7. indicates it is a worthwhile investment that aligns with the university's strategic goals.

Cost Elements	Tangible Benefits	Intangible Benefits
Resources for setting up mentorship program venue and equipment	Enhanced clinical competence	Improved prestige and reputation of the college
Administration costs	Enhanced teaching skills of the fresh graduates	Professional growth and job satisfaction
Additional compensation for the mentors	Curriculum standards and relevance	Improvement of healthcare industry as a whole
Academic resources	Enhanced student experience	
Promotion for the program	Professional development	
	Enhancement of healthcare quality (long term)	

Table 7. Cost/effectiveness summary.

I. Program Plan

The mentorship program will be designed to empower and guide novice nursing clinical instructors through a structured journey of professional growth. It will extend over a 6 months period, whereby mentees will be paired with mentors, who are senior faculty. Mentees will receive orientation, workshops, shadow the mentors and reflect and evaluate what they learned at the end of the 6 months period. This initiative aims to elevate the quality of education, decrease the turnover rate and increase the clinical instructors' confidence.

1. Desired and Expected Outcomes

Based on the above, the objective of the mentorship program at MACHS is to provide a comprehensive support system for novice clinical instructors. The program aims to facilitate the novice clinical instructor's' their successful transition into the faculty role, addressing the specific challenges and gaps faced by MACHS's new hires. Consequently, the desired outcome of the program is a substantial leap in retention rates, strong support and satisfaction among new instructors, improved teaching proficiency, the establishment of a mentorship culture, and the program becoming a widely recognized and transferable model for nursing education (Moreno et al., 2023).

The expected outcomes of the program as supported by literature and case studies are as follows:

a. Enhanced Support and Confidence: 85% of new instructors are expected to report feeling supported by their mentors, indicating an increase in confidence and comfort in their roles by the end of the 6 months period.

b. High Satisfaction Rate: The program aims for an 80% satisfaction rate among new instructors, indicating their contentment with the mentorship program's structure and support received by the end of the 6 months period.
c. Improved Retention Rates: The program targets a 30% higher retention rate for new instructors after 1 year and a 50% higher retention rate after 2 years. This signifies the success of the program in retaining faculty members.
d. Positive Mentorship Experience: New instructors benefit from positive mentorship relationships, resulting in increased job satisfaction, higher teaching proficiency, and a better understanding of their roles by the end of the 6 months period.
e. Creation of a Sustainable Culture: The program's success establishes a sustainable culture of mentorship within MACHS, fostering an environment where experienced educators support and nurture the next generation of faculty members.
f. **Applicability as a Model:** The program, once refined, can be shared as a model for other nursing schools in Saudi Arabia, serving as a benchmark for effective mentorship programs, by the end of 2 years period, and positive results of 50 % retention rate.

By offering tailored mentorship, the program's core aim is to enhance clinical preceptors' teaching proficiency, manage multifaceted responsibilities, and foster confidence among new instructors (Joubert & De Villiers, 2015).

2. Program Training Duration

With a solid foundation established through the literature review, needs assessment, SWOT Analysis, and in accordance with the objectives of the program, The program

duration is set for six months to be repeated on yearly basis which is usually before the beginning of academic year, or when new employees are recruited to fulfill specific shortage needs. The 6-month duration of the mentorship program at MACHS is strategically designed to facilitate gradual, in-depth learning, foster robust mentor-mentee relationships, accommodate real-world challenges, promote a culture of continuous learning, enable comprehensive program evaluation, build mentee confidence and autonomy, create a supportive professional network, and ensure a lasting positive impact on teaching quality (Yirci, 2017). This extended timeline aligns with the program's objectives of providing holistic and sustained support to new clinical instructors, ultimately enhancing the overall educational experience at MACHS.

3. Program Blueprint

By building upon the above design considerations, the program plan translates the projected mentorship initiative into actionable strategies, to ensure a smooth implementation process. The careful analysis and stakeholder engagement detailed in the program design phase provide the groundwork upon which the practical elements of the program plan will be executed. The program plan presented in table 8, incorporates the identified needs and aligns them with specific activities, timelines, and resources, thereby transforming the strategic vision into a tangible and effective support system for new clinical instructors at MACHS. Note that the curriculum development of the program is designed by the program director before the 6 months period of the program.

Month 1: Program Kick-off and Orientation
• Week 1: Hold a mentor training session with the aim for mentors to understand the concepts of mentorship, while emphasizing and reminding about the positive characteristics, role and responsibilities of a mentor; the mentor should be able to apply those characteristics in the mentoring process.
• Week 2: Hold a formal orientation event to introduce mentors and mentees. Explain program goals, expectations, and the mentorship process.
• Week 3: Conduct mentor-mentee matching based on teaching philosophies, expertise, and compatibility. Begin mentorship relationships.
• Week 4: Initiate the first mentorship workshop focusing on the basics of effective teaching and clinical management.
Months 2-3: Curriculum implementation and Skills Building
• Week 1-2: Launch interactive training workshops covering topics such as nursing education policies, lab/clinical skills, and professional development.
• Week 3-4: Introduce shadowing experiences, allowing mentees to observe experienced instructors in real lab/clinical settings
• Week 5-6: Implement co-teaching sessions where mentors and mentees collaborate on lesson planning and lab/clinical delivery.
• Week 7-8: Conduct mid-program assessments to evaluate the progress of mentorship relationships and identify areas for improvement.
Months 4-5: Specialized Training and Professional Development
• Week 1-2: Organize workshops focusing on advanced teaching methodologies and innovative approaches to nursing education.
• Week 3-4: Facilitate mentor-led discussions on specific challenges faced by new clinical instructors at MACHS, encouraging problem-solving and knowledge sharing.
• Week 5-6: Introduce peer observation sessions, where mentors and mentees observe each other's teaching methods and provide constructive feedback.
• Week 7: Administer participant feedback surveys to gather insights on the program's effectiveness and areas for enhancement.
Month 6: Program Evaluation and Future Planning

• Week 1-2: Conduct final assessments to evaluate the mentorship program's impact on teaching proficiency, confidence, and overall satisfaction among new clinical instructors.
• Week 3: Host a closing event to acknowledge the achievements of mentors and mentees. Encourage the exchange of experiences and lessons learned.
• Week 4: Analyze program metrics, including mentor retention rates and teaching quality improvements.
• Week 4-6: Document program outputs, best practices, lessons learned, and opportunities for future scaling. Develop a comprehensive report summarizing the program's impact and recommendations for future iterations.

Table 8. Machs program plan.

Throughout the 6-month program, maintain open communication channels among mentors, mentees, and program coordinators. Regular check-ins, feedback sessions, and support mechanisms should be in place to ensure the success of mentorship relationships. Additionally, flexibility should be integrated into the program design to address unforeseen challenges and adapt to the evolving needs of the participants. By following this structured approach, the mentorship program can effectively support the development of confident and skilled clinical instructors at MACHS within the designated timeframe.

Chapter 3 outlines a design process and plan for the mentorship program for new clinical instructors at MACHS. The program aims to address critical gaps identified through a situational assessment, needs analysis, and SWOT analysis. With a focus on enhancing onboarding support, the six-month program emphasizes gradual learning, strong mentor-mentee relationships, and stakeholder engagement. The chapter also specifies the allocation and provision of resources that would ensure the program’s success as well as outline the cost benefits of the program. Before finally presenting the project plan, including objectives,

duration and planned activities for the next phase of the program which implementation and then evaluation.

CHAPTER 4

EVALUATIONS AND CONCLUSIONS

In the context of our mentorship program for novice clinical instructors at MACHS, the evaluation part is very crucial in order to assess the effectiveness of the program. In this chapter, the program evaluation design will be discussed along with the process and outcome indicators and an evaluation matrix is presented. Furthermore, the challenges and recommendations are included for future improvements.

A. Program Evaluation

The purpose of an evaluation plan is to evaluate and improve a project during development and implementation *(Writing an Evaluation Plan | Research at Brown | Brown University, n.d.)*. A comprehensive evaluation plan is a crucial component of a successful program to assess the program's outcomes and effectiveness, to provide accountability and identify opportunities for improvement. Both quantitative and qualitative data offer valuable insights. The evaluation focuses on key metrics aligned with the program's objectives, such as instructor retention rates, job satisfaction, teaching proficiency, mentor-mentee relationship quality, and knowledge gains (Sheehan et al., 2023). For an evaluation plan to be effective and fulfill its goal, the process and outcome indicators should be measured. The process measures indicate the steps taken throughout the program, and are more sensitive and responsive to change than the outcome measures (Crandall et al., 2011). The outcome measures describe what happens to the participants as a result of the interventions (Crandall et al., 2011). The below objectives are meant to be measured and evaluated as part of the

evaluation plan. Outputs, outcomes and impact constitute the evaluation plan and they are as follows:

1. Outputs

The compliance of the participants in the program is very important for its success. The outputs are the direct product of program phases, and look at immediate and tangible results of the program's activity. In this program, the number of mentees who joined the program, the number of training workshops completed, and the number of meetings conducted are to be documented and calculated. It is expected that 100 % of the mentees to join the program, 100 % of the mentees to complete the workshops and 100 % of the mentees to attend all the meetings.

2. Outcomes

The short-term outcomes of the program are:

a. 100 % of the mentees must join the program within 1 months of joining MACHS
b. 100 % of the mentees must complete the workshops within the time frame
c. 100 % of the mentees must attend all the meetings.

The long-term outcomes:

a. 85% of new instructors are expected to report feeling supported by their mentors, indicating an increase in confidence and comfort in their roles by the end of the 6 months period.

b. 80% satisfaction rate among new instructors, indicating their contentment with the mentorship program's structure and support received by the end of the 6 months period.
c. 30% higher retention rate for new instructors after 1 year and a 50% higher retention rate after 2 years. This signifies the success of the program in retaining faculty members.
d. New instructors benefit from positive mentorship relationships, resulting in increased job satisfaction, higher teaching proficiency, and a better understanding of their roles by the end of the 6 months period.
e. The program's success establishes a sustainable culture of mentorship within MACHS, fostering an environment where experienced educators support and nurture the next generation of faculty members.

3. Impact

The program, once refined, can be shared as a model for other nursing schools in Saudi Arabia, serving as a benchmark for effective mentorship programs, and positive results of 50 % retention rate by the end of 2 years period.

B. Process and outcome indicators

Objective	Process indicator	Outcome indicator
1. To have 100 % of new clinical instructor mentees join the 6-month mentorship program within 1 month of being hired at MACHS.	Number of new instructors who have referred to register in the program	Number of new instructors that have registered in the program
2. To develop the mentorship program into a scalable model that can be adopted by 75% of other nursing colleges in Saudi Arabia within 2 years.	Number of program materials and resources packaged to get governmental approval and get export to other schools	Percentage of other Saudi Colleges and universities who have applied this program
3. To increase the 1-year retention rate of new clinical instructors at MACHS by 30% after completing the mentorship program, from the current baseline.	Percentage of new instructors who have completed the program	One year retention rate of mentored instructors
4. To achieve an 80% self-reported satisfaction rate among new clinical instructor mentees regarding the value of the mentorship program within 6 months	Percentage of mentees completing the satisfaction survey	Percentage of mentees reporting satisfaction on the satisfaction survey
5. To observe a 50% higher 2-year retention rate for clinical instructors who participated in the mentorship program compared to those who did not.	Percentage of eligible instructors enrolled in the program	Two-year retention rate of mentored-instructors compared to non-mentored instructors

Table 9. Process and outcome indicators.

C. Evaluation Framework

This section outlines the evaluation framework, including data collection tools and methods, measurable outcomes, data analysis procedures, and strategies for applying findings to enhance future program iterations. A process-focused developmental approach allows ongoing adjustments while seeking long-term results. Evaluation introspection also aids transparency regarding what works well versus areas needing refinement.

This iterative evaluation process ensures continuous improvement and the long-term effectiveness of the mentorship initiative for new clinical instructors in the faculty of nursing by answering the following 4 core questions (Lavoie-Tremblay et al., 2019):

1. Program implementation: Is the program being implemented according to plan?
2. Mentee satisfaction: Are mentees satisfied with the program?
3. Mentee development: Are mentees developing their skills and knowledge because of the program?
4. Impact on the organization: Is the program having a positive impact on the organization, such as improved employee retention or productivity?

For this purpose, the program will follow both short-terms and long-term evaluation processes.

1. Short Term Evaluation

For short term evaluations, feedback from both the newly hired clinical instructors and the mentors will be collected and after completion of milestone, i.e. weekly for the first month, bi-weekly for the 2nd, 3rd, 4th and 5th month, and again weekly for the 6th month. This could be done through (Ephraim, 2021):

a. Qualitative Assessment:

   i. Regular qualitative feedback collected from mentees through structured interviews and focus group discussions.

   ii. Qualitative analysis of mentor-mentee interactions to gauge the effectiveness of the mentorship process.

b. Quantitative Assessment: to be collected over a period of 2 years, which constitutes 4 cycles of the program.

   i. Surveys and questionnaires to measure mentee satisfaction, self-confidence levels, and perceived professional growth.

   ii. Analysis of both mentee and mentor performance metrics, and 360-degree evaluations, such as student feedback, classroom engagement, and assessment results, before and after the mentorship program.

These surveys will help to gather data from the novice clinical instructors and mentors about their experiences during the mentorship program. The new instructors can provide information on how they are getting benefitted from the involvement of mentors and what are they learning beyond their existing knowledge whereas the mentors can provide feedback on how the new instructors are accepting the mentorship and performing academically.

2. Long Term Evaluation

Long term evaluations will require more intricate analysis and study. This cannot be done through surveys; rather it will require monitoring the performances of the clinical instructors as they transition from novices to experts or even mentors themselves. (Cooke, Patt & Prabhu, 2017). Follow-up surveys and interviews to be conducted six months after

the completion of the mentorship program to assess the impact on mentees' teaching practices and job satisfaction. In addition, we will compare of retention rates and job satisfaction scores between mentees who participated in the program and those who did not, over an extended period.

3. The Program Evaluation Matrix

An evaluation matrix is an important tool for evaluating mentoring programs. It provides a systematic way to collect and analyze data from different sources, including mentors, mentees, and other stakeholders. It helps to ensure that the program is meeting its goals and objectives and track the progress towards them such as increasing new instructors' satisfaction and the college's staff retention rates or improving mentee performance (*Evaluation 101*, n.d.). This information can be used to make necessary adjustments to the program as needed. Moreover, the evaluation matrix can be used to identify areas where the program is working well and enforce those as well (Sheehan et al., 2023). Additionally, a well-designed evaluation matrix allows for comparisons over time. The data collected can be used to track changes in mentee satisfaction, development, and performance over time. This information can be used to assess the overall effectiveness of the program and to identify trends.

Table 10 offers the proposed evaluation matrix to assess and evaluate the short- and long-term impact of the project.

Evaluation Matrix	
Indicator	**Activity**
A. Assessment of Mentee Progress and Development	
1. Performance Metrics:	- Regularly assess mentees' teaching performance, classroom engagement, and student feedback before, during, and after the mentorship program. - Use quantitative data, such as student grades and evaluations, to measure improvements in mentees' instructional effectiveness – (bi-weekly during weeks 2,3,4 and 5)
2. Self-Assessment Tools:	- Provide mentees with self-assessment tools to reflect on their teaching practices, identify areas for growth, and set personalized goals - (bi-weekly during weeks 2,3,4 and 5) - Encourage mentees to document their progress, challenges faced, and strategies employed to overcome obstacles - (bi-weekly during weeks 2,3,4 and 5)
3. Observational Evaluation:	- Conduct classroom observations where experienced faculty members assess mentees' teaching techniques, communication skills, and classroom management abilities – (bi-weekly during weeks 2,3,4 and 5) - Provide constructive feedback and suggestions for improvement based on these observations - (bi-weekly during weeks 2,3,4 and 5)
B. Impact on Nursing Education Quality	
1. Student Feedback Analysis:	- Analyze student feedback surveys to gauge the impact of mentee improvements on students' learning experiences – (after one year of the initiation of the program) - Look for trends in student comments related to mentees' teaching methods, approachability, and overall effectiveness as instructors - (at the end of the program, during student instructor and student course evaluations)
2. Assessment of Learning Outcomes:	- Evaluate the academic performance and knowledge retention of students taught by mentees compared to those taught by non-participating instructors - (after one year of the initiation of the program) - Assess mentees' ability to design assessments that effectively measure students' understanding and critical thinking skills – (bi-weekly during weeks 2,3,4 and 5 – then at the end of the program and after one year from the initiation of the program)
3. Curriculum Enhancement:	- Use mentee feedback and insights to identify areas of improvement in the nursing curriculum – (at the end of the program) - Integrate innovative teaching methods and content suggested by mentees to enhance the overall quality and relevance of the education provided – (at the end of the program and after one year from the initiation of the program)
C. Mentor and Mentee Satisfaction Surveys	
1. Mentor Feedback:	- Conduct surveys among mentors to gather feedback on the program structure, the effectiveness of training sessions, and the support received from program coordinators - (bi-weekly during weeks 2,3,4 and 5 – then at the end of the program and after one year from the initiation of the program).

	- Identify mentors' satisfaction levels and areas where they believe additional support or resources are required - (bi-weekly during weeks 2,3,4 and 5 – then at the end of the program and after one year from the initiation of the program)
2. Mentee Feedback:	- Administer surveys to mentees to assess their satisfaction with the mentorship program, the relevance of mentorship activities, and the impact on their teaching skills and confidence – (at the end of each month) - Encourage mentees to provide open-ended responses to capture nuanced feedback about their experiences – (bi-weekly during weeks 2,3,4 and 5 – then at the end of the program)
D. Lessons Learned and Best Practices	
1. Qualitative Feedback Sessions:	- Organize focus group discussions with mentors and mentees to delve into their experiences in detail – (weekly for the 1st month, bi-weekly during weeks 2,3,4 and 5, and at the end of the program, then after 6 months from the end of the program) - Extract qualitative insights regarding successful mentorship strategies, challenges faced, and lessons learned – (at the end of the program)
2. Documentation and Case Studies:	- Document success stories and challenges faced by mentees throughout the program - (weekly for the 1st month, bi-weekly during weeks 2,3,4 and 5, and at the end of the program) - Create case studies highlighting mentees who demonstrated significant growth, outlining the strategies that led to their improvement - and at the end of the program, then after 6 months from the end of the program)
3. Regular Program Review Meetings:	- Hold monthly review meetings with program coordinators, mentors, and mentees to discuss challenges and successes. - Identify best practices that emerged during the mentorship program and develop guidelines for future mentorship initiatives – (monthly)

Table 10. Mentor program evaluation matrix.

Participant surveys, self-assessments, mentor observations, and activity tracking provide performance indicators (Dahlberg & Byars-Winston, 2019). Comparing baseline and post-program data is vital for demonstrating impact and thus determining the steps forward, the mitigations needed, and the lessons learned.

D. Challenges and Recommendations

While the proposed mentorship program offers a promising framework to support new nursing faculty at (MACHS), certain limitations exist that should be acknowledged. Identifying these limitations and opportunities for improvement provides valuable insights

for developing a realistic and optimized program. By considering the current constraints and areas needing continued refinement, the program can be thoughtfully evolved to maximize its effects (Lavoie-Tremblay et al., 2019). Acknowledging limitations also allows for transparency regarding aspects that remain uncertain or require further testing. Additionally, recommendations can be made to enhance the program design and implementation based on best practices. These recommendations present tangible ways to strengthen the program as it progresses from proposal to pilot launch to long-term establishment as an impactful support system. This constructive analysis aims to set reasonable expectations while seeking ongoing improvements, to fulfill the program's goal of nurturing the next generation of talented Saudi nursing instructors.

1. Challenges

This mentorship program was designed based on the particular context and needs at MACHS, as well as available literature on mentorship programs for novice clinical instructors. Consequently, aspects of the cultural and organizational environment at MACHS may impact the program's effectiveness if not recognized and mitigated. For example, we have faculty from different cultural backgrounds, which maybe challenging in terms of communication and gender between them and novice Saudi clinical instructors. Moreover, the program was designed specifically for the context of Mohammad Al Mana College for Medical Sciences (MACHS) in Saudi Arabia. The effectiveness and optimal structure may differ in other nursing school settings given their respective needs and settings. Furthermore, the literature reviewed was predominantly from Western contexts. Cultural and organizational factors unique to Saudi nursing education may impact program

outcomes. Therefore, below are some suggested recommendations that may improve the program's outcomes.

2. Recommendations

In order to mitigate the above-mentioned challenges, proper matching of mentor and mentees should be taken into consideration. For example, matching same gender mentors and mentees is very crucial to remove the different gender barrier. Moreover, if we have a novice instructor who doesn't have very good English language, an arab speaker mentor can remove the language barrier. If the program showed a positive impact at MACHS, it could be implemented in other colleges in Saudi Arabia, which will have long term impact as well on nursing education in Saudi Arabia. As for the western literature review, more research could be done, especially in the region of middle east, as there was a significant lack in literature about mentorship program in middle east and the arab countries. With the mentioned recommendations, the program can have sustainable positive impact inside and outside MACHS.

CHAPTER 5

CONCLUSION

In conclusion, the development of a robust mentorship program for new clinical instructors at Mohammad Al Mana College for Medical Sciences (MACHS) will require a structured approach aimed at addressing the critical challenges faced during the onboarding process for newly graduated clinical instructors. This project demonstrates the strategic design, needs assessment, stakeholder engagement, resource allocation, program plan, evaluation framework, and challenges along with their potential solutions within the program.

The goal of the program as described is to establish a comprehensive mentorship program that supports the successful integration of newly recruited clinical instructors at MACHS while enhancing MACHS staff retention rates and boosting overall moral and instructor performance.

The primary aim of this program extends far beyond a mere onboarding process. It aspires to construct a nurturing environment that not only aids the smooth integration of freshly recruited clinical instructors but also endeavors to revolutionize the institutional fabric. This initiative aims to fortify MACHS's staff retention rates by cultivating an atmosphere of support, boosting morale among faculty members, and significantly enhancing the performance levels of instructors.

The strategic alignment of this program, grounded in an empirical situational analysis and an extensive literature review, aims to bridge gaps and fortify the foundation of a thriving

faculty community at MACHS. The Program is planned with an adaptive framework which demonstrates an intent to evolve in tandem with the evolving departments at MACHS.

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